Medicaid Diabetes Medication Coverage

Insulin

No PA Required

Long-acting (basal)
- Lantus
- Rezvoglar
- Glargine-yfgn

Mealtime (bolus)
- Admelog
- Lispro
- Aspart

Step Therapy

Step therapy on this chart indicates that if certain criteria are met, listed medication will be covered without additional PA request paperwork required.

No PA Required
- Metformin IR, ER 500mg & 750mg (biguanide)
- Pioglitazone (thiazolidinedione)
- Glyburide, Glipizide IR & ER, Glimepiride (sulfonylurea)

Step 1 therapy
- Ertugliflozin (SGLT-2 Inhibitor) and/or
- Alogliptin (DPP-4 Inhibitor)
- Step therapy criteria requires trial of metformin **and** pioglitazone **or** sulfonylurea
- If this criteria is not met, please submit a prior authorization request

Step 2 therapy
- Liraglutide (GLP-1 Agonist)
- Step therapy criteria require trial of ***SGLT2 inhibitor or DPP-4 inhibitor*** (trial of step 1 therapy)
- If this criteria is not met, please submit a prior authorization request, including for diabetes with obstructive sleep apnea

PA Required
- Trulicity, Ozempic, Mounjaro (GLP-1 Agonist) require prior authorization
- PA criteria for these agents for diabetes and diabetes with obstructive sleep apnea GLP-1 for DM PA critieria

- Dapagliflozin (SGLT-2 Inhibitor) – Requires PA for CHF, CKD stage 2-4, DM with ASCVD

This chart covers medication criteria for diabetes. Criteria for other indications at this link: OHP PA criteria

OHP Formulary **Covered DM Supplies** **Medicare Diabetes Coverage**

Last Updated October 2025

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Formulary Status	Max day supply	Class	Medications	Dosing	Considerations
Formulary	90	Biguanide	Metformin IR and ER	500-2,000 mg total daily dose	Preferred initial therapy for most DM2 patients
Formulary	90	TZD	Pioglitazone	15-45 mg once daily	Can cause or exacerbate CHF in some patients – avoid use in those patients
Formulary	90	Sulfonylurea	Glimepiride, Glipizide, Glyburide	Varies	Can cause hypoglycemia
Step Therapy	34	SGLT-2 Inhibitor	Ertugliflozin	5-15mg once daily	Ertugliflozin Criteria
Step Therapy	34	DPP-4 Inhibitor	Alogliptin	25mg once daily	Alogliptin Step Criteria
Step Therapy	34	GLP-1 Agonist	Liraglutide	See FDA label for DM treatment doses	Liraglutide criteria
PA	34	SGLT-2 Inhibitor	Dapagliflozin	5-10mg once daily	Dapagliflozin PA Criteria (generic Farxiga)
PA	28	GLP-1 Agonists	Ozempic, Trulicity, Mounjaro	See FDA label for DM treatment doses	GLP-1 PA Criteria
Insulin					
Formulary	90	Long-acting/ intermediate acting insulin	Lantus, Glargine YFGN, Rezvoglar, Novolin N, Humulin N	Varies	Pen and vials covered when applicable
Formulary	90	Short-acting insulin	Admelog, Insulin Lispro, Novolin R, Humulin R	Varies	Pen and vials covered when applicable
PA	90	Short-acting insulin	Insulin Lispro Junior Pen Injector	Varies	For half-unit dosage, generic is preferred product, requiring PA.

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